



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov

BIB DATA SHEET

CONFIRMATION NO. 5660

| SERIAL NUMBER | FILING or 371(c) DATE RULE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
|---------------|----------------------------------|-------|----------------|------------------------|
| 10/564,055 | 01/10/2006 | 381 | 2627 | 277006US6PCT |

APPLICANTS
 Kenichi Makino, Kanagawa, JAPAN;
 Yoichiro Sako, Tokyo, JAPAN;
 Toshiro Terauchi, Tokyo, JAPAN;
 Makoto Inoue, Kanagawa, JAPAN;
 Katsuya Shirai, Kanagawa, JAPAN;
 Yasushi Miyajima, Kanagawa, JAPAN;
 Motoyuki Takai, Tokyo, JAPAN;
 Akiko Inoue, Saitama, JAPAN;

**** CONTINUING DATA *******
 This application is a 371 of PCT/JP04/10373 07/14/2004

**** FOREIGN APPLICATIONS *******
 JAPAN 2003-277131 07/18/2003

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****
 05/12/2006

| | | | | | | |
|--|---|---|--------------------------------------|---------------------------------|------------------------------|------------------------------------|
| Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and Acknowledged | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No /KIM CHU/ Examiner's Signature | <input type="checkbox"/> Met after Allowance Initials | STATE OR COUNTRY JAPAN | SHEETS DRAWINGS 6 | TOTAL CLAIMS 8 | INDEPENDENT CLAIMS 2 |
|--|---|---|--------------------------------------|---------------------------------|------------------------------|------------------------------------|

ADDRESS
 OBLON, SPIVAK, MCCLELLAND MAIER & NEUSTADT, P.C.
 1940 DUKE STREET
 ALEXANDRIA, VA 22314
 UNITED STATES

TITLE
 Reproducer and method for controlling reproduction

| | | |
|---------------------------------------|---|--|
| FILING FEE RECEIVED 900 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees |
| | | <input type="checkbox"/> 1.16 Fees (Filing) |
| | | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
| | | <input type="checkbox"/> 1.18 Fees (Issue) |
| | | <input type="checkbox"/> Other _____ |
| | | <input type="checkbox"/> Credit |